

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** AUGUST 13, 2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed Chronic Pain management Program (97799 CP), 5X week X 2 weeks, 80 hours

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)  
☐ Overturned (Disagree)  
☐ Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
844.0	97799	CP	Prosp	80					Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 105 pages of records received to include but not limited to:

TDI letter 7.23.12; Review Med records 12.12.11-7.17.12; Physician Advisor Pre-authorization response 6.15.12; records 3.21.12-7.10.12; Helath Centers PPE report 6.5.12; email from 7.16.12; report Dr.; record, Dr. 1.31.11; RME report 4.16.12

Requestor records- a total of 27 pages of records received to include but not limited to: records 3.21.12-7.10.12; Helath Centers PPE report 6.5.12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The medical records presented for review begin with a copy of a medical record review, extent of injury report. This narrative indicates that the injured employee is a female. The reported mechanism of injury was a trip and fall on a sidewalk injuring the bilateral knees and right hand. This document also identified several prior injuries involving trip and fall incidents in the two years before. Based on the initial physical examination and subsequent medical records it was opined that the mechanism of injury supported the injured employee had bruises to the bilateral knees and right hand. There was no data presented that there were any sustained significant structural injuries to the right wrist or either knee.

A March 21, 2012 interview to determine if a chronic pain management program was necessary was completed. It was noted that the injured employee denied any previous medical history; which is contrary to the notation of multiple slips and falls prior to this date of injury. The presenting complaints were pain to the right ankle and weakness of the knees. The assessment was a chronic pain disorder associated with psychological factors. Ten sessions of a behavioral multidisciplinary chronic pain program were sought.

A physical performance evaluation was completed and endorsed the behavioral assessment evaluation to include a chronic pain program.

The utilization review analysis did not support this chronic pain program and the case was discussed with Dr. It was noted that it was not clear if there was basic therapy for the work injury and a work conditioning protocol had been completed. Secondary to this lack of data, the request was non-certified.

A reconsideration was filed and it was determined that the injured employee has "exhausted all lower levels of care and is pending no additional procedures." The reconsideration was determined by Dr. not to be warranted; as there were a marked limitation in the amount of progress notes and documentation of any particular pathology.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

**RATIONALE:**

As noted in the Division mandated Official Disability Guidelines the standards for employment of a chronic pain management program include evidence of a lesser function that is beyond what would be expected. Clearly there is no objectified pathology or clinical reason for the ongoing complaints of pain. That being said, the linchpin of any chronic pain program is that there is a history of successful outcomes. No such outcome measurement tool was provided. There is no objectification that there is an absence of other options based on the limited clinical data presented for review. Inasmuch as there is no surgical lesion, the goal of this program would not be to prevent a controversial or optional surgery answer. One does not recognize the need for this program as there is no evidence of substance abuse issues.

Furthermore, there is no documentation that there is any motivation to change when considering the age, body habitus and multiple injuries sustained in this individual who works as a school crossing guard. It would be noted that the lack of candor on the part of the injured employee in terms of objectifying the prior history of a several falls and resulting injuries was not relayed to the evaluator completing the behavioral analysis that suggested this program. It was indicated that this lady has completed a work conditioning program and none of the notes from that program, to include success or not, or other parameters; were presented for evaluation to make this determination. This would be an additional reason not to certify this request. Therefore, when considering all the above there is no clear clinical reason presented to suggest that this would be care reasonably required to address the sequelae of the compensable event.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- XX ☒ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- XX ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- XX ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)